

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039756
5405 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED OCT 21 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS C.ITY		c. CITY OR TOWN KANSAS C.ITY	
Length of stay in 1b 50 YRS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Lukes		d. STREET ADDRESS (If outside, give location) 4411 Holly	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Joseph M. Middle Anthony Last Anthony			4. DATE OF DEATH Month Oct Day 4 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct-13-1886	9. AGE (last birthday) 76	10. IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ice Cream Maker		10b. KIND OF BUSINESS OR INDUSTRY Feinberg Ice Cream Co.		11. BIRTHPLACE (City and state or country) East St. Louis - Ill.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Joseph Anthony		13b. MOTHER'S MAIDEN NAME Margaret Mahoney	
14. NAME OF HUSBAND OR WIFE Irene Anthony		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Irene Anthony - 4411 Holly Kansas C.ity - Mo	
17. INFORMANT Irene Anthony		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) 15 MIN. 10 YEARS		INTERVAL BETWEEN ONSET AND DEATH 15 MIN.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? NO	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION OCTOBER 1952 to OCT. 4, 1963	
20g. CITY, TOWN, OR LOCATION Forest Hill		COUNTY KANSAS C.ITY - MISSOURI	
20h. STATE		20i. DATE RECD. BY LOCAL REG. 10-7-63	

21. I attended the deceased from OCTOBER 1952 to OCT. 4, 1963 and last saw him alive on OCT. 4, 1963 Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) George K. Landis MD		22b. ADDRESS 1630 Prof. Bldg	
22c. DATE SIGNED 10/4/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial Oct 7-1963		23b. NAME OF CEMETERY OR CREMATORY Forest Hill	
23c. LOCATION (City, town, or county) KANSAS C.ITY - MISSOURI		23d. FUNERAL DIRECTOR John - 1901 1/2 1st St. Kansas City, Mo		23e. ADDRESS 10-7-63	
23f. DATE RECD. BY LOCAL REG. 10-7-63		23g. REGISTRAR'S SIGNATURE Bessie Smith		23h. DATE SIGNED 10/4/63	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

George K. Landis MEDICAL CERTIFICATION

DOCUMENT

INSTEAD OF

DATE AMENDED

VS 300
Rev. 4/59

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9331X

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul P. Williamson

Licensed Embalmer No.

5009

P. O. Address

Overland Park, K.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

1630 Proff 8/14
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R. Geo. Jandis - U121643